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UNCLAS SECTION 01 OF 02 KHARTOUM 001689

SIPDIS

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STATE FOR AF/SPG, PRM, AND ALSO PASS USAID/W
USAID FOR DCHA SUDAN TEAM, AFR/SP
NAIROBI FOR USAID/DCHA/OFDA, USAID/REDSO, AND FAS
GENEVA FOR NKYLOH
NAIROBI FOR SFO
NSC FOR PMARCHAM, MMAGAN, AND TSHORTLEY
ADDIS ABABA FOR USAU
USUN FOR TMALY
BRUSSELS FOR PBROWN

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SUBJECT: SUDAN - RIFT VALLEY FEVER

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Summary

¶1. On October 28, the UN World Health Organization (WHO) reported that Rift Valley fever (RVF) has been confirmed in three states in northern Sudan. RVF is a viral zoonosis that primarily affects animals but also can infect humans. WHO reported that out of 70 known human cases 40 deaths had occurred since the initial reports of the disease in late September. Initially, the fever was diagnosed as yellow fever, but laboratory tests have confirmed the outbreak is Rift Valley fever instead. WHO and the Government of National Unity (GNU) Ministry of Health (MOH) are leading the response to human RVF cases and have deployed teams to the affected areas. The UN Food and Agriculture Organization (FAO) and the GNU Ministry of Animal Resources (MOAR) are coordinating efforts in the livestock sector. End Summary.

Affected States in Sudan

¶2. As of October 28, WHO reported 70 suspected cases of RVF, including 40 deaths. Laboratory tests on human samples have confirmed RVF in 20 of those cases. No animal samples have been tested to date.

¶3. RVF has been confirmed in Al Managil locality in Gezira State, Al Gabalian and Kosti localities in White Nile State, and Singa locality in Sinnar State. WHO reported that one RVF patient from Renk in Upper Nile State was being treated in White Nile, indicating that Upper Nile State may also be affected. WHO informed the Government of Southern Sudan (GOSS) on this finding. Recently reported cases in Khartoum State were found to have been imported from White Nile State. WHO does not believe that Khartoum State is affected at this stage.

Response

¶4. WHO and MOH plan to release a joint response plan in the coming days. WHO has deployed teams to the affected states to collect

additional samples, identify cases, provide training to health care staff, and identify prevention activities.

¶15. The FAO and MOAR have deployed teams to collect animal samples in the affected areas.

¶16. USAID will continue to participate in task force meetings, coordinate with partners on appropriate responses, and report on the evolving situation as needed.

Background on Rift Valley Fever

¶17. According to WHO, RVF is a viral disease of animals that can be transmitted to humans through infected Aedes mosquitoes that bite mostly during the day from just after dawn to just after sunset. RVF is not transmitted directly from person to person. Humans are infected with RVF mainly through direct contact with animal body fluids such as blood, milk, and raw meat. RVF is found mostly in eastern and southern Africa but is also found throughout sub-Saharan Africa.

¶18. An outbreak can occur if there is increased pooling of water, commonly after flooding, leading to increased mosquitoes breeding.

¶19. Most infected people do not have any symptoms or have mild fever.

Most people recover within a week. If the patient has an acute case, the symptoms are typically fever, back pain, dizziness, and weight loss. Some cases progress to hemorrhagic fever, encephalitis, and eye disease. As most human cases of RVF are relatively mild and short in duration, no specific treatment is required for these patients. For the more severe cases, the predominant treatment is general supportive therapy.

¶10. The most significant effects are usually in the livestock sector.

¶11. Prevention methods for RVF include avoiding close contact with body fluids of livestock, vector control strategies such as distribution of long lasting insecticide-treated nets, and environmental management, including proper water storage and

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covering of containers to prevent mosquito breeding.
FERNANDEZ